

Page 1 of 11

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS
LUFKIN DIVISION

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT OF TEXAS
SEP 28 2017

BY _____
DEPUTY

CARLOS KIDD,
Plaintiff

vs.

CAUSE No. 9:17cv172
Clark/Hawthorn

1. UNIVERSITY OF TEXAS
MEDICAL BRANCH - GALVESTON, TEXAS, UROLOGY TEAM
2. CHI SAINT LUKES HOSPITAL
LIVINGSTON, TEXAS
3. CHI SAINT LUKES HOSPITAL
EMERGENCY ROOM DOCTOR, JOHN DOE
4. DOCTOR WEN, JESTER IV UNIT
RICHMOND, TEXAS
5. DOCTOR PHILIP FARLEY, JESTER IV UNIT
RICHMOND, TEXAS
6. NURSE "GREG", JESTER IV UNIT
RICHMOND, TEXAS
7. NURSE SOMORIA, JESTER IV UNIT
RICHMOND, TEXAS
8. NURSE ABERHAM, JESTER IV UNIT
RICHMOND, TEXAS

9. NURSE SHIRLEY, JESTER IV UNIT
10. WARDEN ADAMS, JESTER IV UNIT
11. MAJOR REDING, JESTER IV UNIT
12. NURSE PRACTITIONER, SOUTER, JESTER IV UNIT
13. DOCTOR KLINE, JESTER IV UNIT
14. NURSE REYES, JESTER IV UNIT
15. NURSE JANE DOE, JESTER IV UNIT
16. NURSE JANE DOE #2, JESTER IV UNIT
17. SGT. GRIMM, POLUNSKY UNIT
LIVINGSTON, TEXAS
18. SGT. VALDES, POLUNSKY UNIT
19. WARDEN JEFFERSON, POLUNSKY UNIT
20. CAPTAIN REHESE, POLUNSKY UNIT
21. NURSE JANE DOE, POLUNSKY UNIT
22. NURSE GURNEY, POLUNSKY UNIT
23. NURSE O'NEAL, POLUNSKY UNIT

24. DOCTOR RIELLEY, POLUNSKY UNIT,
defendants.

CIVIL RIGHTS COMPLAINT
PURSUANT TO 42 USC § 1983

Now, respectfully comes, Carlos Kidd, Plaintiff herein, and moves this Honorable Court to a civil rights Complaint pursuant to 42 USC § 1983.

In support of said complaint, Plaintiff would show unto this Honorable Court the following facts.

I.

JURISDICTION AND VENUE

1. Plaintiff Kidd states that this court hold proper jurisdiction over this case, even though some of the violations did not take place in this district, but the violation started in this district, and the violation was on-going, and never ceased to stop, and continued through other districts until Kidd was eventually brought back to this district, where the violation is still on-going.

II.

PLAINTIFF

2. Plaintiff Carlos Kidd is a prisoner within the Texas Department of Criminal Justice, and housed at the Polunsky Unit in Livingston, Texas. At all times when

Page 4 of 11

these violations occurred and are occurring, Kidd was in the custody of TDCT.

III.

DEFENDANTS

3. All of the Defendants are TDCT correctional staff or UTMB medical personnel contracted with TDCT to treat prisoners for medical problems.

IV.

STATEMENT OF COMPLAINT

4. Plaintiff Carlos Kidd suffers from extreme psychological problems as a result of being brutally raped by a prison guard, and gang members. Kidd suffers from deeply confusing problems revolving around his sexuality, and some times he is plagued by homosexual thoughts which cause him extreme levels of distress, and especially if he gets aroused by said thoughts.
5. When these things happen Kidd tends to mutilate his genitals to punish himself for having the thoughts and the subsequent arousal. Kidd has pushed razor blades down into his penis several times, and pushed them in so far that they became lodged in the penis, and needed to be surgical removal. Kidd has also cut his testicals with a razor blade, and even tried to castrate himself a few times, requiring several stitches.

6. Back in March of 2017, Plaintiff Kidd attempted suicide by swallowing razor blades, and a over dose. He also ^{pushed} a razor, and paper into his penis, which became lodged in his penis. Kidd was sent to CHI Saint Lukes Hospital in Livingston, which the ER Doctor referred and transferred him to UTMB - Galveston so the specialist Urology could remove the razor, and paper from Kidd's penis.
7. Once at UTMB - Galveston the urology team was going to remove the objects, but they refused to put Kidd asleep or give him pain medication for the procedure. The doctors told Kidd that he had no pain medication when he put it in there, so it was going to ~~hurt~~ come out. They were basically going to bore the blade out of my penis, and intended to inflict extreme pain on Kidd on purpose. Kidd refused the procedure unless they would put him to sleep or give him pain medication, so they kicked him out of the hospital, and he was taken to Jester IV Unit in Richmond, Texas for psychological evaluation.
8. Once at Jester IV unit, Kidd notified Defendants Wen, Farley, "Greg" Samoria, Aberham, Shirely, Adams, Reding, Souter, Kline, Reyes, Jane Doe #1 & #2 of the serious problem with the razor lodged in his penis, and that it was causing him excruciating pain. These Defendants refused to give him medical attention, even though his penis was bleeding, and everything. The only people who gave any type of assistance at all, was nurses Jane Doe #1

and Jane Doe #2 who came into Kidd's cell, and examined his penis, and the bleeding. After the examination these nurses said that they were going to call the doctor to see what he wanted to do. Nothing at all was done after that, even though every time Plaintiff seen a nurse or doctor close to his cell he would call out to them for help, but Kidd was largely ignored.

9.

The ones that did respond, told Kidd that they are not worried about it, and said that since he did it to himself, then it was his fault, and he would just have to live with it. Kidd's many pleas to be sent to the hospital to have the razor removed but was denied, nor did they give me any thing for pain.

10.

After about 2 weeks of constant pain, Kidd was so distressed that he tried to kill himself just to make the pain go away. Due to this suicide attempt of an over dose of medication, Kidd was sent to Oak Bend hospital to the Emergency Room. Once at the hospital, and evaluated, the ER Doctor transferred Kidd back to UTMB Galveston, where he stayed for less than 24 hours, and the urology doctors refused to even see Kidd, therefore Kidd was not treated, and again transferred back to Jester IV unit where he remained for about 2 more week, and even though he repeatedly asked for help from the Defendants, but Kidd was ignored, and they refused to give Kidd medical attention.

11.

Sometime in April of 2017 Kidd was transferred from the Jester IV unit back to the Polunsky unit

where he originally put the razor in his penis. Kidd then began to complain about his condition, and filed a sick call request. See Exhibit - A.

12. It took over a week before any one responded to the sick call, and then on April 1st, 2017 Nurse - Defendant Gurney came to Kidd's cell, and Kidd then explained the situation to her, and requested to be sent to a hospital to have the razors removed. Defendant Gurney said that she would speak with Defendant O'Neal which is the charge nurse, and see what to do. I was shortly thereafter notified by Gurney that I would not be sent out to a hospital, and I'd have to wait until Monday to see the prison Doctor. This was on a Saturday. See Exhibit - B Step one, and step two grievance forms.

13. Plaintiff Kidd was not seen by the prison doctor, Doctor Rielley until over a month later, and on May 9th, 2017 Kidd explained what happened at UTMB - Galveston, and that they would not either put Kidd to sleep or give him pain medication to remove the razor blade. Defendant Rielley told Plaintiff Kidd that he would not send him to the hospital, nor give him anything for pain, and stated "you did this to yourself". At that point Defendant Rielley refused to treat Kidd for his serious medical needs. See Exhibit - C, Step 1, and step 2 grievances.

14. Around the last week of March, 2017 Plaintiff pleaded with several prison officials for help with his medical problems, and none of them, Sgt. Grimm, Sgt. Valdez, Warden Jefferson, Capt. Rehese, and nurse

Jane Doe (Defendant No. 21) but none of them would give me any aid with my serious medical needs. See Exhibit - D, step 1, and step 2 grievances.

15. Around the first week of June, 2017, Kidd attempted suicide because the pain was unbearable. He over dosed on Tylenol, and Ibuprofen, and was subsequently sent to CHI Saint Lukes Hospital for the over dose only.
16. Once at CHI Saint Lukes Emergency Room, The ER Doctor who had previously sent Kidd to UTMB a few months prior to have the razor removed. The ER Doctor asked Kidd if UTMB had removed the razor from his penis. Kidd then explained to him what had happened, and since UTMB refused to put him to sleep or give him pain medication to remove the razor, then he would not let them touch him, which would cause him extreme, and un-necessary pain.
17. The ER Doctor said that since Kidd had not allowed them to remove the razor, then he was not going to waste his time by transferring me there again. The ER Doctor then discharged Kidd from the hospital without any treatment to his penis or given anything for pain. Kidd was then transferred back to the Polunsky unit.
18. Despite all the complaints of pain, and bleeding from his penis, Kidd was not seen again by Doctor Rielley until over a month later, where Doctor again refused to send Kidd to a hospital, or treat

him for pain. This was in June of 2017. See Exhibit - F, Step 1, and Step 2 grievances.

19. On September 20th or so of 2017 Kidd was taken to the medical department here at the Polunsky Unit because he was having trouble urinating and having severe bleeding from his penis. Two nurses examined Kidd, and then called the Doctor, which denied to send Kidd to a hospital, and told the nurses that Kidd would get an x-ray the next day, but didn't happen for a few days after that.
20. The X-ray tech, Ms. Graham said that she could see the razor which has been lodged in there for several months now. And prison officials, and UTMB medical staff refuse to send Kidd to the hospital to have the razor removed in the less painful method as possible, instead of being cruel and trying to cause him the maximum amount of pain possible.

V.

21. HARM, AND INJURY

Because the Defendants have ignored Plaintiff Kidd's serious medical needs, and UTMB's refusal to remove the razor in a humane way, Kidd has had to endure months of extreme pain, bleeding, and infection. The pain even drove Kidd to a suicide attempt.

VI.

EXHAUSTION OF ADMINISTRATIVE REMEDIES

22. Plaintiff Kidd states that he has exhausted all of his Administrative Remedies by filing several step 1, and step 2 grievances. Furthermore, some of the grievances that he hand delivered to the grievance staff where never returned to him with an answer. Because of this Kidd is submitting the exact copies of the ones he gave to the grievance staff. Once Kidd gave these grievances to the grievance staff, he had fulfilled his exhaustion requirement, and it is the responsibility of the grievance staff to process, and return them to Kidd.

VII.

DAMAGES, AND RELIEF

23. Plaintiff Kidd sues each Defendant in thier individual, as well as thier official capacities. Kidd request monetary damages of \$250,000. (Two-hundred, and Fifty thousand dollars) jointly, and seperately for the extreme pain Kidd has been forced to live with due to the fact that the Defendants refuse to help him with his serious medical needs.

24. Plaintiff Kidd also asks this Honorable Court to order/compell the Defendants to give him proper medical attention, and have the razor removed from his penis.

PRAYER

Plaintiff Carlos Kidd respectfully prays that this

Honorable Court to grant him all relief sought herein.

DECLARATION

I, Carlos Kidd declare under penalty of perjury that all the information within this complaint, and Exhibits are true, and correct.

Executed: Sept. 24th, 2017



Carlos Kidd

Respectfully Submitted:



Carlos Kidd #1079464
Polunsky unit
3872 - FM - 350 South
Livingston, Tx. 77351

(Plaintiff - Pro Se)

EXHIBIT - A

Sick Call Request

TEXAS DEPARTMENT OF CRIMINAL JUSTICE HEALTH SERVICES DIVISION SICK CALL REQUEST

PART A: (To be completed by offender)

Date: 3-26-17

Offender's Name: Carlos Kidd

TDCJ No.: 1079464

Work Assignment: —

Work Hours: —

Wing No: 12-F-1 School Hours: —

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: —

Reason for Health Services Appointment: I have a razor lodged in my penis & it has been there for over a month. It hurts really bad!! Help!!

How long have you had this problem?

Hours: —

Days: over 30

"In accordance with state law, if this visit meets offender annual health care services fee criteria, I understand that my trust fund account may be charged a \$100 health care services fee. I also understand that I will be provided access to health care services regardless of my ability to pay this fee."

[Signature]
Signature of Offender

Part B: (To be completed by medical personnel – Do not write below this line)

Medical Reply: Seen cell side

B. Onelka
Medical Staff Member's Signature

[Signature]
Date

APR 01 2017

EXHIBIT - B

Step 1 + Step 2

Grievances



Texas Department of Criminal Justice

OFFICE USE ONLY

STEP 1

OFFENDER GRIEVANCE FORM

Offender Name: Carlos Kidd TDCJ # 1079464
 Unit: Polunsky Housing Assignment: 12-F
 Unit where incident occurred: Polunsky

Grievance #: _____
 Date Received: _____
 Date Due: _____
 Grievance Code: _____
 Investigator ID #: _____
 Extension Date: _____
 Date Retd to Offender: _____

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Nurse Gurney When? 4-1-17

What was their response? To wait for Dr. on Monday.

What action was taken? The filing of this grievance.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I've had a razor blade lodged in my penis for over 30 days. I put in a sick call notifying medical of the pain & bleeding.

Nurse Gurney spoke with me on Saturday, and then said she'd have to speak with another nurse (O'Neal) about what to do.

I was then told that I'd have to wait until Monday when the prison Dr. comes back to work.

Action Requested to resolve your Complaint.

To be sent to the hospital so the razors can be taken out and something be paid.

Offender Signature: _____

Date: _____

Grievance Response: _____

Signature Authority: _____

Date: _____

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice
STEP 2 **OFFENDER**
GRIEVANCE FORM

Offender Name: Carlos Kidd TDCJ # 1079464
Unit: Polinsky Housing Assignment: 12 - F
Unit where incident occurred: Polinsky

OFFICE USE ONLY

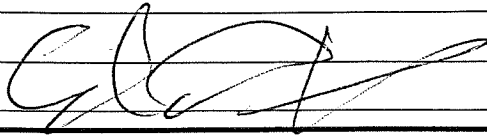
Grievance #: _____
UGI Recd Date: _____
HQ Recd Date: _____
Date Due: _____
Grievance Code: _____
Investigator ID#: _____
Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). *I am dissatisfied with the response at Step 1 because...*

I restate my Step 1.

Offender Signature: _____



Date: 5-6-17

Grievance Response: _____

Signature Authority: _____

Date: _____

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

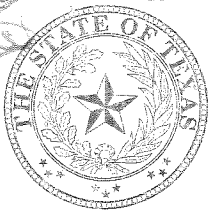
Comments: _____

Date Returned to Offender: _____

EXHIBIT - C

Step 1 + Step 2

Grievances



Texas Department of Criminal Justice

OFFICE USE ONLY

STEP 1

OFFENDER GRIEVANCE FORM

Grievance #: 2017137439
 Date Received: MAY 15 2017
 Date Due: 6-29-17
 Grievance Code: 624
 Investigator ID #: IO820
 Extension Date: _____
 Date Retd to Offender: JUN 12 2017

Offender Name: Carlos Kidd TDCJ # 1079464
 Unit: Polunsky Housing Assignment: 12-D-50
 Unit where incident occurred: Polunsky

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Dr. Reilly When? 5-9-17
 What was their response? That he could do nothing.
 What action was taken? The filing of this grievance.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

About a week ago I ~~am~~ finally saw the Dr. here at Polunsky unit regarding the razor lodged in my penis and the sick call request I had submitted a month before.

Dr. Reilly told me that there was really nothing he could do, and if the Doctor's at UTMB Galveston wouldn't put me to sleep or give me pain meds as I had requested to do the procedure to remove the razor, then it was useless to send me.

I told Dr. Reilly that my penis hurt really bad and the pain was unbearable + I asked to be sent to the hospital - he told me no, and that he would give me no pain meds because "you did this to yourself" he said.

The razor has been lodged in my penis for almost 3 months now.

Action Requested to resolve your Complaint.

To be sent to the hospital to have the razors removed.

Offender Signature: _____

Date: 5-15-17

Grievance Response:

Offender Kidd has been scheduled with Mr. Reilley for evaluation and follow-up regarding offender self-harm and potential referral to UTMB Galveston for surgical removal.

Signature Authority: _____

K. Koneswaran

K. Koneswaran

S.P.M.

Date: 06/08/17

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice
STEP 2 **OFFENDER**
GRIEVANCE FORM

Offender Name: Carlos Kidd TDCJ # 1079464
 Unit: Polunsky Housing Assignment: 12-D-19
 Unit where incident occurred: Polunsky

OFFICE USE ONLY

Grievance #: 2017137439
 UGI Recd Date: JUN 19 2017
 HQ Recd Date: JUN 23 2017
 Date Due: 8-3
 Grievance Code: 624
 Investigator ID#: _____
 Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). *I am dissatisfied with the response at Step 1 because...*

*How much evaluating needs to be done before
 they can take the razor out. There's been almost
 4 months of evaluating so far & the razor is
 still in there.*

*All they gotta do is take me to the hospital,
 put me to sleep & take the razor out of my penis.
 Simple!*

Offender Signature: _____

Date: 6-16-17

Grievance Response:

A review of the Step 1 medical grievance has been completed regarding your complaint the doctor named told you there was really nothing he could do if the doctors at University of Texas Medical Branch (UTMB) Galveston would not put you to sleep or give pain medication as requested to do the procedure to remove the razor. Your complaint the razor lodged in your penis had been there for almost three months was reviewed as well as action requested to be sent to the hospital to have the razor removed.

You were most recently assessed on 7/10/2017, for evaluation regarding your request for surgical removal of a foreign object which you stuck in your penis. A pelvis x-ray was ordered and completed with no foreign body identified on 7/12/2017.

If you feel your situation requires further evaluation you are advised to submit a Sick Call Request to the medical department. Although you and your healthcare providers may differ in opinion regarding your needs and medical treatment rendered, these decisions are ultimately the responsibility of the facility providers. No further action is warranted from this office through the grievance process.

**STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION**

Signature Authority: _____

Date: 7/14/17Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission** CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

EXHIBIT - D
Step 1, and Step 2
grievances



STEP 1

OFFENDER GRIEVANCE FORM

OFFICE USE ONLY
Grievance #: _____

Date Received: _____

Date Due: _____

Grievance Code: _____

Investigator ID #: _____

Extension Date: _____

Date Retd to Offender: _____

Offender Name: Carlos Kidd TDCJ # 1079464Unit: Polunsky Housing Assignment: 12 - FUnit where incident occurred: UTMB Galveston/Jester 4/Polunsky

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Dr. Farley - Psychiatrist When? 3-28-17What was their response? That there was nothing he could do about it.What action was taken? The filing of this grievance.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

Today I spoke with Dr. Farley on telamed, and I explained that I still have a razor blade lodged in my penis, and it's causing me extreme pain, and it's been in there for over 30 days.

This was a constant chain of events all related to this same problem. I told Dr. Farley that I was sent from here at the Polunsky unit to UTMB Galveston (via local ER first) because of a medication O.D. and pushing the razor into my penis. At Galveston the Urology Doctors (a team of them) refused to remove the razor under anesthesia as I requested, but instead said that they would only take it out while I was awake, and with no pain medication. I explained that it would hurt too much, and again requested to be put to sleep for the procedure, but they refused, and said that if it hurt going in, it's going to hurt coming out. I refused to allow them to cause me more pain than I was already in, so I told them that if they didn't put me to sleep, I wouldn't allow them to touch me. They then kicked me out of the hospital, and sent me to Jester 4, where I went on suicide watch, and remained in so much pain that within a few days I tried to kill myself again with another medication O.D. just to make the pain stop. I again was sent back to UTMB Galveston where I stayed for only 24 hours and the Urology team refused to even see me that time, and I was

only seen by a general doctor, and given no pain medication at all, and then sent back to Jester 4 to suicide watch where I remained for over 3 to 4 weeks, and I complained to many staff about my penis bleeding and pain, and ask for help from: Nurse Greg, Nurse Somoria, Nurse Aberham, Nurse Shirley, Warden Adams, Major Reeling, NP Souter, Dr. Kline, and Nurse Reyes + and another nurse who where the only ones who checked my penis but did nothing else, and the others did nothing but ignore me. When I got back to here at Polonsky unit, and on 3-27-17 I told Sgt. Grim, Sgt. Valdez, Warden Jefferson, capt. Reece, and a RN a few days before but none gave me assistance when I asked for help.

Action Requested to resolve your Complaint.

I am in extreme pain, and I need this
reazor taken out! I think my penis is bad infected.

Offender Signature: _____

Date: 3-29-17

Grievance Response: _____

Signature Authority: _____

Date: _____

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice
STEP 2 **OFFENDER**
GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: _____
UGI Recd Date: _____
HQ Recd Date: _____
Date Due: _____
Grievance Code: _____
Investigator ID#: _____
Extension Date: _____

Offender Name: Carlos Kidd TDCJ # 1079464
Unit: Polunsky Housing Assignment: 12-F
Unit where incident occurred: Polunsky

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). *I am dissatisfied with the response at Step 1 because...*

I restate my step 1.

Offender Signature: _____

Date: 5-6-17

Grievance Response: _____

Signature Authority: _____

Date: _____

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY**Initial Submission**

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

EXHIBIT - E
Step one + step 2
Grievances



STEP 1 OFFENDER GRIEVANCE FORM

Grievance #: _____
Date Received: _____
Date Due: _____
Grievance Code: _____
Investigator ID #: _____
Extension Date: _____
Date Retd to Offender: _____

Offender Name: Carlos Kidd TDCJ # 1079464
Unit: Polunsky Housing Assignment: 12-D
Unit where incident occurred: Polunsky

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Night Shift Nurse (10 Bldg.) When? 6-5-17
What was their response? Sent to CHI Saint Luke's Hospital - ER
What action was taken? Nothing further.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

A few days ago, I don't remember the exact date, but I attempted suicide by taking a large dose of Tylenol & Ibuprofen, but it was not originally a suicide attempt. I actually took a pretty hefty dose of Tylenol to try to get some pain relief because I have a razor blade lodged in my penis, and has been there for a few months, and causes me excruciating pain day & night.

Once I ~~ret~~ realized that the Tylenol would not work & the fact that UTMB medical was denying me humane treatment I decided to kill myself to end the pain I ~~was~~ am suffering.

Once I over dosed, I was taken to medical, where I complained about the razor in my penis & the pain & also informed the nurse of the over dose.

I was then sent to the local ER - CHI Saint Luke's Hospital in Livingston, Tx. Once at the ER I spoke with a ER Doctor, don't know his name, but he had previously transferred me to UTMB Hospital in Galveston, Tx to have the razor removed, and that was like 2 or 3 months prior to this visit. The Doctor never even physically examined me nor gave me anything for pain. He asked me if UTMB had removed the razor the last time he sent me & I told him no, and that they attempted or intended to remove the

razor without putting me to sleep or pain medication so
Case 9:17-cv-00472-RC-ZJB Document 1 Filed 09/28/17 Page 30 of 38 PageID #: 30
I refused to allow them to intentionally & maliciously cause me
un-necessary pain & suffering with inhumane procedures. The
ER Doctor then told me that since I didn't allow them to
remove it, then he wasn't going to waste his time by sending
me back, and discharged me from the ER & back to the
prison without any treatment for the razor blade. So now I'm
back at the prison in the exact same state as before.

Action Requested to resolve your Complaint.

I would like to know why I'm being
denied humane treatment & denied treatment at CHI St. Luke's

Offender Signature: _____

Date: 6-5-17

Grievance Response: _____

Signature Authority: _____

Date: _____

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response.
State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely
Affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice
STEP 2 OFFENDER
GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: _____

UGI Recd Date: _____

HQ Recd Date: _____

Date Due: _____

Grievance Code: _____

Investigator ID#: _____

Extension Date: _____

Offender Name: Carlos Kidd TDCJ # 1079464

Unit: Polunsky Housing Assignment: 12-F

Unit where incident occurred: Polunsky / CHI St. Lukes

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). *I am dissatisfied with the response at Step 1 because...*

I restate my step 1.

Offender Signature: _____

Date: 7-7-17

Grievance Response: _____

Signature Authority: _____

Date: _____

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

EXHIBIT - F

Step 1 + Step 2

Grievances



STEP 1 OFFENDER GRIEVANCE FORM

Offender Name: Carlos Kidd TDCJ # 1079464
Unit: Polunsky Housing Assignment: 12-D
Unit where incident occurred: Polunsky

Grievance #: _____
Date Received: _____
Date Due: _____
Grievance Code: _____
Investigator ID #: _____
Extension Date: _____
Date Retd to Offender: _____

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? P.A. Riely (Medical) When? 7-10-17
What was their response? None
What action was taken? The filing of this grievance.

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On or around 7-10-17 I was seen by P.A. Riely here at the Polunsky unit, and spoke with this medical provider about a razor blade that is lodged in my penis, and has been there for about 4 months now. This is my second time seeing P.A. Riely, and both times he refused to send me to a hospital to have the razor removed or to treat me for chronic pain.

P.A. Riely told me that he would not send me to a hospital to have the razor removed because "you'll just do it again, so it will be a waste of time on my part".

When I asked for something for pain relief, Riely said that he would give me nothing for pain, and said "you did this to your self it you didn't have any pain medication when you put it in there."

Riely did order x-rays, and they were done.

Action Requested to resolve your Complaint.

I wish for the razor to be removed & stop being treated like a dog.

Offender Signature: _____

Date: 7-16-17

Grievance Response: _____

Signature Authority: _____

Date: _____

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance # _____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

I-127 Back (Revised 11-2010)

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice
STEP 2 **OFFENDER**
GRIEVANCE FORM

Offender Name: Carlos Kidd TDCJ # 1079464
Unit: Polunsky Housing Assignment: 12-F
Unit where incident occurred: Polunsky

OFFICE USE ONLY

Grievance #: _____
UGI Recd Date: _____
HQ Recd Date: _____
Date Due: _____
Grievance Code: _____
Investigator ID#: _____
Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

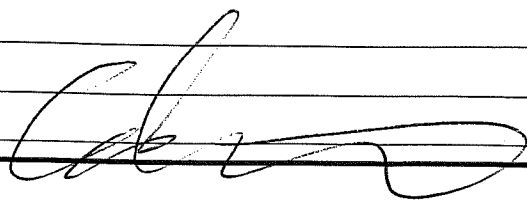
Give reason for appeal (Be Specific). *I am dissatisfied with the response at Step 1 because...*

I restate my step 1.

Offender Signature: _____

Date: 8-19-17

Grievance Response: _____



Signature Authority: _____

Date: _____

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible.*
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments.*
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission

CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

United States District Court, Clerk
Eastern District of Texas
Lufkin, Texas




RE: Submitted Complaint, and support documents.
42 U.S.C. § 1983
Carlos Kidd Vs. UTMB

Dear Clerk,

Enclosed you will find my § 1983 complaint along with supporting documents, including a application to proceed in forma pauperis, and Motion for Emergency Injunction.

Please file these papers, and bring them to the attention of the court. Thank you!

Sincerely:


Carlos Kidd #1079464
Polunsky Unit
3872 - FM - 350 South
Livingston, Tx. 77351

(Plaintiff - Pro Se)